

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 171

County Registrar No. \_\_\_\_\_

Local Registrar No. 597No. 6 Live Oak Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_ { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Apr. 26, 1926  
Month Day Year8. FATHER  
Full name Polecarpo Corral  
9. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 34 (Years)12. Birthplace (city or place) Durango, Mex.  
(State or country)13. Occupation  
Nature of industry \_\_\_\_\_14. MOTHER  
Full maiden name Amelia Rivera  
15. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 30 (Years)18. Birthplace (city or place) Guanajuato, Mex.  
(State or country)19. Occupation  
Nature of industry Housewife20. Number of children of this mother { (a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 5 P. m. on the date above stated  
(Born alive or stillborn.)\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Byron M. Brown (Physician or midwife).  
Address Miami, ArizonaGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed May 14, 1926 O. E. Dwy Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

033-426-191

order of birth stated.